Society of Jesus – Xavier House

27, Peak Road West, Cheung Chau, Hong Kong Tel: (852) 2981 0342 Fax: (852) 2981 0749 Web site: http://xavier.ignatian.net

Applicant's Signature:

Application no	
For official use only)	

Retreat / Spiritual Activity Application

Notes:	incaan meer vieg	ripplication		
 Please use BLOCK letter to complete the form clearly. We will send you the "Confirm Booking Form" after rec 	ceiving your "Application	* Please put	a " $\sqrt{}$ " in the app	ropriate box.
Name of Applicant:		Sex:	Age:	
Occupation:	ID / Passp	ort No.		
Religion: Catholic / Christian	Parish / Chur	ch:		
Telephone No:		Fax No:		
Address:				
	E-mail:_			
Personal Application				
☐ Individual Retreat – Request Spiritu	ual Director.	Yes No		
Suggested Spir	itual Director (O	ptional):		
☐ Join Our Activity – Name of the Act	ivity:			
Period of Stay:DayMonth	Year To	Day	_Month	Year
Have you made any retreat in "Xavier I	House"?	☐ Yes ☐ ☐	No	
Have you made a directed retreat previo	ously?	Yes 🗌 1	No	
If Yes, state the length of retreat (you ca	n choose more th	nan one):		
☐ 1 – 2 Days ☐ 3 Days ☐ 6 / 8 Da	ys 🗌 30 Days	☐ Others:_		
Group Application				
Name of the Group:				
Name of the Group Leader / Spiritual D	Director:			
Telephone No:			<u>—</u>	
Nature of the Activity: Retreat				
☐ Other: (Ple	ase write it down	1)		
Number of people: Female M	IaleTo	tal		
Do you need an activity room?				
Period of Stay:DayMonth	Year To	Day	_Month	Year
***********	*****	<********	·*****	k
I declare that the information provided	herewith is corre	ect. I will infor	m "Xavier H	Iouse''
for any change of the above information	1.			

Date: